


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

21. **FILED**
Mar 08, 2006 8:00 am
Secretary of State
 02-22-2006 90108 009 ****50.00

DOCUMENT # L05000043166

1. Entity Name
SUN COAST CONSTRUCTION, LLC



Principal Place of Business
**44 KEY HAVEN RD.
 KEY WEST, FL 33040**

Mailing Address
**44 KEY HAVEN RD.
 KEY WEST, FL 33040**

30001967



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
33-1116892 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**STRECKER, DAVID F
 44 KEY HAVEN RD.
 KEY WEST, FL 33040**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM KURKOWSKI, JEFFREY J 44 KEY HAVEN RD. KEY WEST, FL 33040	<input type="checkbox"/>		<input type="checkbox"/>
MGRM STECKER, DAVID F 2409 STAPLES AVE. UNIT A KEY WEST, FL 33040	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Jeffrey J Kurkowski* **Jeffrey J Kurkowski** 2-9-06 305-292-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date/Time Phone #